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jc846 U.S. PRO  
04/27/01

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١	one
٢	two
٣	three
٤	four
٥	five
٦	six
٧	seven
٨	eight
٩	nine
١٠	ten
١١	eleven
١٢	twelve
١٣	thirteen
١٤	fourteen
١٥	fifteen
١٦	sixteen
١٧	seventeen
١٨	eighteen
١٩	nineteen
٢٠	twenty
٢١	twenty-one
٢٢	twenty-two
٢٣	twenty-three
٢٤	twenty-four
٢٥	twenty-five
٢٦	twenty-six
٢٧	twenty-seven
٢٨	twenty-eight
٢٩	twenty-nine
٣٠	thirty
٣١	thirty-one
٣٢	thirty-two
٣٣	thirty-three
٣٤	thirty-four
٣٥	thirty-five
٣٦	thirty-six
٣٧	thirty-seven
٣٨	thirty-eight
٣٩	thirty-nine
٤٠	forty
٤١	forty-one
٤٢	forty-two
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٧٠	seventy
٧١	seventy-one
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٧٣	seventy-three
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٧٦	seventy-six
٧٧	seventy-seven
٧٨	seventy-eight
٧٩	seventy-nine
٨٠	eighty
٨١	eighty-one
٨٢	eighty-two
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٨٦	eighty-six
٨٧	eighty-seven
٨٨	eighty-eight
٨٩	eighty-nine
٩٠	ninety
٩١	ninety-one
٩٢	ninety-two
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٩٦	ninety-six
٩٧	ninety-seven
٩٨	ninety-eight
٩٩	ninety-nine
١٠٠	one hundred
١٠١	one hundred one
١٠٢	one hundred two
١٠٣	one hundred three
١٠٤	one hundred four
١٠٥	one hundred five
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١٣٠	one hundred thirty
١٣١	one hundred thirty-one
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١٥٧	one hundred fifty-seven
١٥٨	one hundred fifty-eight
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١٦٠	one hundred sixty
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١٧٠	one hundred seventy
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١٧٢	one hundred seventy-two
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١٧٤	one hundred seventy-four
١٧٥	one hundred seventy-five
١٧٦	one hundred seventy-six
١٧٧	one hundred seventy-seven
١٧٨	one hundred seventy-eight
١٧٩	one hundred seventy-nine

The filing fee is calculated as follows:

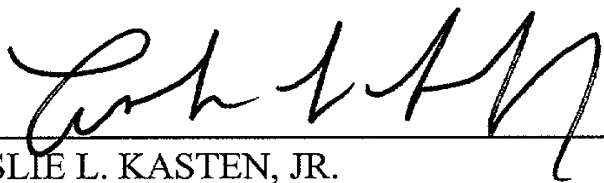
			SMALL ENTITY			LARGE ENTITY	
CLAIMS	NO. FILED	NO. EXTRA	BASIC FEE: \$355			BASIC FEE: \$710	
Total	-20 =		X9	\$	OR	X18	\$
Independent	- 3=		X40	\$	OR	X80	\$
[ ] Multiple Dependent Claims Present			\$135	\$	OR	\$270	\$
			<b>TOTAL</b>	<b>\$</b>	<b>OR</b>	<b>TOTAL</b>	<b>\$ -0-</b>

- [ ] The Commissioner is not authorized to charge the filing fee at this time as we elect to defer payment of the entire filing fee until receipt of a Notice to File Missing Parts.
- [ ] A check in the amount of \$\_\_\_\_.00 to cover the filing fee is enclosed.
- [X] The Commissioner is hereby authorized to charge and/or credit **Deposit Account No. 50-1017 (Billing No. 200861.0409)** as noted below. A duplicate copy of this sheet is enclosed.
- [X] Any overpayments or deficiencies in the above-calculated fee.
- [X] Filing fee in the amount of \$ -0- as calculated above.
- [X] Any additional fees required under 37 C.F.R. § 1.16 and § 1.17.
- [X] In the event that a Petition for Extension of Time is required during the prosecution of this application, but not submitted, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account noted above.

**CORRESPONDENCE ADDRESS:**

4/27/01  
(Date)

By:

  
 LESLIE L. KASTEN, JR.  
 Registration No. 28,959  
**AKIN, GUMP, STRAUSS, HAUER & FELD, L.L.P.**  
 One Commerce Square  
 2005 Market Street - Suite 2200  
 Philadelphia, PA 19103  
 Telephone: 215-965-1200  
**Direct Dial: 215-965-1290**  
 Facsimile: 215-965-1210  
 E-Mail: wschwarze@akingump.com

[X] Customer Number or Bar Code Label: **000570**

WWS:jf  
Enclosures

00844565-04201